POSITION	INITIALS	ID NO.	DATE
	AB		*10/03/10*
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		21	10/10/00
FORMALITY REVIEW	*NC*	SS3	10-31-00
RESPONSE FORMALITY REVIEW	*jm*	657	3/26/01

INDEX OF CLAIMS

✔	.... Rejected	N .... Non-elected
=	.... Allowed	I .... Interference
—	(Through numeral)... Canceled	A .... Appeal
÷	.... Restricted	O .... Objected

Claim		Date							
Final	Original								
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3	✔	✔							
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Claim		Date							
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If more than 150 claims or 10 actions
staple additional sheet here

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